Standard Form 171-A--Continuation Sheet for SF 171

• Attach all SF 171-A's to your application at the top of page 3. 1. Name (Last, First, Middle Initial) 2. Social Security Number 4. Date Completed 3. Job Title or Announcement Number You Are Applying For ADDITIONAL WORK EXPERIENCE BLOCKS Average number if hours per week Name and address of employer's organization (include ZIP Code, if known) Dates employed (give month, day and year) Number of employe you supervise From: To: Your reason for leaving Salary or earnings per Starting \$ Ending \$ per Your immediate supervisor Exact title of your job If Federal employment (civilian or military) list series, grade or Area Code Telephone Number rank, and, if promoted in this job, the date of your last promotion Name Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervised. If you describe

more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing each.

							For Agency	Use (skill codes,
Name and address of employer's or	ganization (include ZIP Code, i	f known)	Dates employed (9	give monthh, da	y and year)	Average number if hours per week	Number of emplo
				From:	To:			
				Salary or earnings			Your reason for leaving	
				Starting \$	per			
				Ending \$	per			
Your immediate supervisor Name Area Code Telephone Number Exact tit			Exact title of	your job		If Federal employment (civilian or military) list series, grade rank, and, if promoted in this job, the date of your last pror		
Description of work: Describe your s more than one type of work (for exam								If you describe

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER PREVIOUS EDITION USABLE

NSN 7540-00-935-7157

171-206

Standard Form 171-A (Rev. U.S. Office of Personnel Manage FPM Chapte